



**“A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING INTENSIFIED DIARRHOEA CONTROL FORTNIGHTLY AMONG MOTHERS OF UNDER FIVE CHILDREN IN SELECTED RURAL AREAS OF WAGHODIA TALUKA”.**

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**(ABSTRACT)** **Background of the study:** Diarrhoea is one of the important contributors of under five mortality and most of these deaths are clustered around summer and monsoon season. To address this issues effectively, ministry of health and family welfare, India in conjunction with UNICEF has initiated a nationwide campaign known as intensified diarrhoea control fortnightly (IDCF), its ultimate aim of 'Zero child deaths due to childhood diarrhoea'. IDCF also aims to achieve improved coverage of essential life saving commodity of ORS, zinc dispersible tablets and practice of appropriate child feeding practices during diarrhoea.

**KEYWORDS :** Intensified Diarrhea Control Programme, mothers of under five children,

### INTRODUCTION

Health of the children has been considered as the vital importance to all societies because the children are the basic resources for the future of human kind. Child health depends up on prevention. Majority of child health problems are preventable Modern approach of child health care emphasis on “Preventive care rather than curative care”. Most of the childhood diseases are prevented by mother's role.<sup>1</sup>

Diarrhoea is the condition of having at least three loose or liquid bowel movements each day. It often lasts for a few days and can result in dehydration due to fluid loss. Signs of dehydration often begin with loss of the normal stretchiness on the skin irritable behavior. These can progress to decreased urination, loss of skin color, a fast heart rate and a decreased in responsiveness as it becomes more severe loose but not watery stool in babies who are breastfeed, however may be normal.

The most common cause is an infection of the intestine due to another virus, bacteria, parasite condition known as gastroenteritis. These infection are often acquired from food or water that has been contaminated by stool or directly from another person who is infected. It may be divided into three types: short duration watery diarrhoea, short duration bloody diarrhoea, and if it lasts for more than 2weeks.<sup>2</sup>

As per the stated observation it is therefore all essential component to educate the people of the community especially mothers; regarding treatment and management of diarrhoea. Primordial prevention will play a pivotal role in reducing such cases and thereby bring down the morbidity and mortality caused due to it.

### OBJECTIVES

- To assess the existing knowledge of mother of under five children regarding intensified diarrhoea control fortnightly.
- To evaluate the effectiveness- planned teaching program on knowledge regarding intensified diarrhoea control fortnightly among the mothers of under five children.
- To find out the association between pre-test knowledge score of mothers regarding intensified diarrhoea control fortnightly with their selected demographic variable.

### HYPOTHESES

H1: There will be a significant difference between pre-test and post-test knowledge scores of mothers of the under five children regarding intensified diarrhoea control fortnightly.

H2: There will be significant association between the pre-test knowledge score and selected demographic variable like age of mother, type of family, number of children, type of house, drainage system, source of water facility, education of mother and occupation of mother

### MATERIALS AND METHODS

**Research approach:** Evaluative research approach was used for the study

**Research design:** One group pre-test post-test design

**Independent variable:** In this study independent variable is planned teaching program on intensified diarrhoea control fortnightly.

**Dependent variable:** In this study dependent variable is mother's knowledge regarding intensified diarrhoea control fortnightly.

**Target population:** In this study, the samples were mothers of under five children..

**Sample:** In this study, the samples were mothers of under five children

**Sample size-** The sample size constitutes 60 mothers from selected villages of Waghodia who fulfills the inclusive criteria.

**Sampling technique:-** The sampling technique used for this study is Non-probability convenient sampling technique.

### CRITERIA FOR SELECTION OF SAMPLE

#### Inclusion criteria-

- Mother who have under five children.
- Mother who are available at data collection.

- Mother who can read and write Gujarati.

**Exclusion criteria:-**

- Mother of under five children who are not willing to participate.
- Mother of under five children who are sick.

**Data collection instrument:** Data collection tool is the instrument i.e. the written device that the researcher uses to collect the knowledge data. In this study the structured knowledge questionnaire was used

**Development of the tool:** The tools were prepared on the basis of the objectives of the study. The following steps were adopted in the development of the instruments.

- Review of literature provided adequate content for the tool preparation.
- Personal experience.
- Consultation with experts.
- Discussion with the peer groups.
- Perpetration of blue prints.
- Reliability

**DESCRIPTION OF THE TOOL**

This consists of two parts:

**SECTION-1:**

Consist of socio demographic variables such as age, type of family, number of children, type of house and education level of mothers.

**SECTION-2:**

Self administered knowledge questionnaire will be used to assess the knowledge of the mothers of under five children.

**SCORING PROCEDURE:**

- There are total of 28 questions items.
- Score “1” is given for correct answer.
- Score “0” is given for incorrect answer.
- The score range from minimum of score “0” and maximum of score “28”.

**SCORING INTERPRETATION**

The knowledge level is arbitrarily divide in to 3 categories based on self- administered knowledge questionnaires and accordingly the scores were allotted.

- Adequate knowledge- (score 19-28)
- Moderately adequate knowledge- (score 10-19)
- Inadequate knowledge- (score 0-9)

**RESULT**

**SECTION A: Distribution of mothers of under five children based on their socio-demographic variables**

Age wise distribution of sample mothers of under five children 24(40%) are in between the age group of 26-31 years. 19(31.7%) of them are in between 22-26 years. 10(16.7%) of them are in between 18-22 years and only 7(11.7%) are in between the age group of 31-35 years.

The percentage distribution based on their type of family of mothers of under five children 45(75%) belongs to nuclear family and only 15(25%) mothers of under five children belongs to Joint family.

The percentage distribution based on their number of children of mothers of under five children 27(45%) of mothers are having two children, 21(35%) of mothers are having one children, 11(18.3%) of mothers are having three children and only 1(1.7%)of mothers are having four children.

The percentage distribution based on their type of house of mothers of under five children 23(38.3%) of mothers are living in semi pucca house, 21(35%) of mothers are living in pucca house and only 16 (26.7%)of mothers are living in kuccha house.

The percentage distribution based on education of mothers of under five children 42(70%) of mothers studied up to primary, 16(26.7%) of mothers studied up to secondary and only 2(3.3%) of mothers studied up to graduate.

Variables	Frequency	Percentage (%)
<b>1. Age</b>		
a. 18-22 years		16.7
b. 22-26 years	10	31.7
c. 26-31 years	19	40.0
d. 31-35 years	24	11.7
e. 41-50 years	7	28.0
		38.0
<b>2. Type of family</b>		
a. Nuclear	45	75.0
b. Joint	15	25.0
<b>3. Number of children</b>		
a. One	21	35.0
b. Two	27	45.0
c. Three	11	18.3
d. Four	1	1.7
<b>4. Type of House</b>		
a. Kuccha	16	26.7
b. Semi Pucca	23	38.3
c. Pucca	21	35.0
<b>5. Education of Mother</b>		
a. Primary	42	70.0
b. Secondary	16	26.7
c. Graduate	2	3.3

**SECTION B: Analysis of pre test and post test knowledge scores of mothers regarding intensified diarrhoea control fortnightly.**

The findings of pre-test data showed that 56% were having moderately adequate knowledge, 46.6% were having inadequate knowledge while 3.3% had adequate knowledge. Findings of post-test data show that 78.3% were have moderately adequate knowledge, 15% were having adequate knowledge and 6.6% have inadequate knowledge.

**SECTION C: Effectiveness of planned teaching program on knowledge regarding intensified diarrhoea control fortnightly among mothers.**

Comparison of pre-test and post-test knowledge scores of mothers of under five children regarding IDCF the obtained 't' value 7.94 is greater than the table value 0.05 (1.67) level of significance. Therefore 't' value is found to be significant. It indicates that there is a significant difference between pre-test and post-test knowledge of mothers of under five children regarding IDCF.

**SECTION D: Association between pre-test knowledge scores of mothers with selected socio-demographic variables.**

To test the association between pre-test knowledge of mothers of under five children and socio demographic variables, following research hypothesis is formulated.

H2: There will be significant association between the pre-test knowledge score and selected demographic variable like age of mother, type of family, number of children, type of house, drainage system, source of water facility, education of mother and occupation of mother.

The finding indicates all variable such as age( $\chi^2 = 4.937$ ), type of family ( $\chi^2 = 1.257$ ), number of children ( $\chi^2 = 3.196$ ), type of house( $\chi^2 = 2.657$ ) were not significant at 0.05 level of significance and education ( $\chi^2 = 81.333$ ) were found to be significant at 0.05 level of significance. Thus it can be interpreted that there is a significant association between pre-test levels of knowledge among mothers of under five children with their selected socio demographic variable such as education.

**CONCLUSION:**

The present study assessed the knowledge regarding IDCF among mothers of under five children at Waghodia taluka and found that the majority of mothers have moderately adequate knowledge regarding IDCF. After planned teaching program on IDCF there was significant improvement on knowledge of the mothers of under five children regarding IDCF. The study concluded that the planned health education program was effective in improving knowledge of mothers of under five children regarding IDCF.

According to post-test knowledge score 78.3% have moderately adequate knowledge, 15% have adequate knowledge and 6.6% have

inadequate knowledge which was higher than the pre-test knowledge score range. According to pre-test 56% have moderately adequate knowledge, 46.6% have inadequate knowledge and 3.3% have adequate knowledge.

The mean post-test knowledge score (14.85) also was higher than the mean pre-test score (10.91).

There was significant difference in knowledge scores regarding IDCF mothers of under five children at Waghodia taluka. Thus  $H_1$  is accepted.

**Conflict of Interest:** Nil

**Source of Funding:** Self

**Ethical Clearance:** Yes, ethical clearance is obtained

## REFERENCE

1. Fleisher GR. Evaluation of diarrhoea in children. <http://www.uptodate.com/home>. Accessed March 27, 2016.
2. Bhan MK. Accelerated progress to reduce under-five mortality in India. *Lancet Glob Health*. 2013;1:e172-3 [PubMed]
3. Bassani DG, Kumar R, Aswasthi S. Million Death Study Collaborators Causes of neonatal and child mortality in India: A nationally representative mortality survey. *Lancet*. 2010;376:1853-60. [PubMed]
4. Boschi-Pinto C, Velebit L, Shibayac k. Estimating child mortality due to diarrhoea in developing countries. *Bull. World Health Organization*. 2003;81:1907-204.
5. WHO. Media Centre. Diarrhoeal disease. Fact sheet N0330. 2013. <http://www.who.int/mediacentre/factsheet/fs330/en/> accessed 25 august 2013.
6. Mengistie B, Berhane Y, Worku A. Predictors of oral Rehydration Therapy use among under-five children with Diarrhoea in eastern Ethiopia: a community based case control study. *BMC public health*. 2012;12(1):1029.
7. Munos MK, Walker CL, Black RE. The effect of oral rehydration solution and recommended home fluids on diarrhoea mortality. *International Journal of Epidemiology*. 2010;39:175-87.
8. ASHA, Ministry of Health and Family Welfare (MOHFW), 2005 [http://en.wikipedia.org/wiki/accelerated\\_social\\_health\\_activist](http://en.wikipedia.org/wiki/accelerated_social_health_activist).
9. National Rural Health Mission. 2005-2012: Document MOHFW, archived from the original on 12 June 2009. <http://nrhm.meghalay.nic.in/asha.html>.
10. Synder JD, Merson MH. The magnitude of the global problem of acute diarrhoeal disease: a review of active surveillance data. *Bull World Health Organ* 1982; 60:604-13. PMID:6982783.